

# CONTINUATION SHEET FOR APPLICATION FORM RE

**INSTRUCTIONS**

- Use this continuation sheet **only** in conjunction with basic Form RE.
- Use this sheet only if you need more space to continue the listing started in Space 1 and/or Space 5 of Form RE. Use as many additional continuation sheets as you need.
- Use the continuation of Space 5 on this sheet only for contributions to periodicals by the same individual author that were published in the same calendar year.
- Follow instructions accompanying Form RE in filling out this continuation sheet. Number each line in Spaces B and C consecutively.
- Submit this continuation sheet with the basic Form RE and the other continuation sheets, if any. Clip (do not tape or staple) and fold all sheets together before submitting them.
- Type or clearly print all information in **black ink**.

EFFECTIVE DATE OF RENEWAL REGISTRATION

(Month) (Day) (Year)

CONTINUATION SHEET RECEIVED

Page \_\_\_\_\_ of \_\_\_\_\_ pages

**DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY.**

A

Identification of Application

**IDENTIFICATION OF CONTINUATION:** This sheet is a continuation of Space 1 and Space 5 of the application for renewal registration on Form RE, submitted for the following:

- **TITLE AT SPACE 2 OR TITLE OF FIRST OF GROUP OF WORKS IN WHICH RENEWAL IS CLAIMED:** Give first title as given in Space 5 of Form RE.
- **RENEWAL CLAIMANT AND ADDRESS:** Give the name and address of at least one renewal claimant as given in Space 1 of Form RE.

B

Continuation of Space 1

**RENEWAL CLAIMANT(S), ADDRESS(ES), AND STATEMENT OF CLAIM:** See Instructions on basic Form RE.

<input type="checkbox"/>	Name . . . . .
<input type="checkbox"/>	Address . . . . .
<input type="checkbox"/>	Claiming as . . . . .
<input type="checkbox"/>	Name . . . . .
<input type="checkbox"/>	Address . . . . .
<input type="checkbox"/>	Claiming as . . . . .
<input type="checkbox"/>	Name . . . . .
<input type="checkbox"/>	Address . . . . .
<input type="checkbox"/>	Claiming as . . . . .
<input type="checkbox"/>	Name . . . . .
<input type="checkbox"/>	Address . . . . .
<input type="checkbox"/>	Claiming as . . . . .

<input type="checkbox"/>	Title of Contribution: .....	Vol. ....	No. ....	Issue Date .....
	Title of Periodical: .....			
	Date of Publication: ..... (Month) (Day) (Year)	Registration Number: .....		

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<input type="checkbox"/>	Title of Contribution: .....	Vol. ....	No. ....	Issue Date .....
	Title of Periodical: .....			
	Date of Publication: ..... (Month) (Day) (Year)	Registration Number: .....		

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<input type="checkbox"/>	Title of Contribution: .....	Vol. ....	No. ....	Issue Date .....
	Title of Periodical: .....			
	Date of Publication: ..... (Month) (Day) (Year)	Registration Number: .....		

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<input type="checkbox"/>	Title of Contribution: .....	Vol. ....	No. ....	Issue Date .....
	Title of Periodical: .....			
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<input type="checkbox"/>	Title of Contribution: .....	Vol. ....	No. ....	Issue Date .....
	Title of Periodical: .....			
	Date of Publication: ..... (Month) (Day) (Year)	Registration Number: .....		

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**C**

Continuation  
of  
Space 5

**Certificate  
will be  
mailed in  
window  
envelope  
to this  
address:**

Name ▼
Number/Street/Apt ▼
City/State/ZIP ▼

**YOU MUST:**  
• Complete all necessary spaces  
• Sign your application in Space 7

**SEND ALL 3 ELEMENTS  
IN THE SAME PACKAGE:**  
1. Application form  
2. Nonrefundable \$45 filing fee  
in check or money order  
payable to *Register of Copyrights*

**MAIL TO:**  
Library of Congress, Copyright Office  
101 Independence Avenue, S.E.  
Washington, D.C. 20559-6000

**D**

As of July 1,  
1999, the  
filing fee for  
form RE is  
**\$45.**